

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
NEW EMPLOYEE ORIENTATION CHECKLIST
PART 1: HUMAN RESOURCES – Page 1 of 2**

The purpose of this section is to provide an outline for the human resources liaison or representative to follow in welcoming and processing new employees.

Employee Name:		Hire Date:	
Job Title:		Type of Appointment:	
State Office Division/Section or Field Region/Area and Parish:			

Check off each item as completed. For optional forms not completed due to employee's decision not to enroll, write N/A across box.

Forms completed by employee <u>on 1st day of employment</u>. Immediately scan/e-mail to State Office Human Resources Section so personnel action can be entered into LaGov system. Original LASERS forms, or other retirement system forms if applicable, must be mailed immediately to SO HR Section for maintaining in official personnel file. Original of other forms maintained in local office personnel file.			
<input type="checkbox"/>	L-4, State Tax Withholding	<input type="checkbox"/>	DCFS Retiree Return to Work Notification
<input type="checkbox"/>	W-4, Federal Tax Withholding	<input type="checkbox"/>	LASERS 1-01, Membership Registration* (required unless member of another system)
<input type="checkbox"/>	OSUP Direct Deposit Enrollment Authorization	<input type="checkbox"/>	LASERS 1-06, Designation of Beneficiary* (required unless member of another system)
<input type="checkbox"/>	I-9, Employment Eligibility Verification with copy of verification document(s)	<input type="checkbox"/>	LASERS 1-13, Benefits Forfeiture* (required unless member of another system)
<input type="checkbox"/>	DCFS Name-Address Change/Privacy Act	<input type="checkbox"/>	LASERS 10-2, Re-employment of Retiree* (if applicable)
Forms completed by employee <u>within 3 days of employment</u>. Upon receipt immediately scan/e-mail to SO HR Section. Original forms maintained in local office personnel file.			
<input type="checkbox"/>	Civil Service SF-13, Appointment Affidavits	<input type="checkbox"/>	DCFS Prior State Service Questionnaire
<input type="checkbox"/>	SSA-1945, Social Security Statement	<input type="checkbox"/>	DCFS Adjusted Service Dates Agreement
<input type="checkbox"/>	DCFS FLSA Statement of Agreement or Understanding	<input type="checkbox"/>	DCFS Emergency Contact Information
Give below forms to employee for completion and return <u>within 30 calendar days of employment</u>. Upon receipt immediately scan/e-mail to SO HR Section. Originals must be mailed to SO HR Section for maintaining in official personnel file.			
<input type="checkbox"/>	GB-01, Insurance Enrollment/Change * (required - enroll or waive coverage)	<input type="checkbox"/>	GB Flexible Spending Arrangement Enrollment * (if enroll)
<input type="checkbox"/>	GB Life Insurance Enrollment Kit * (all 3 pages - if enroll)	<input type="checkbox"/>	GB Affordable Care Act (ACA) Health Insurance Marketplace Notice * (required)

New Employee Orientation Checklist

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<input type="checkbox"/>	Issue ID Badge and/or Building Access Card (within 3 days of employment per Policy 4-38)
Demonstrate on-line access to following Employee Resources websites:	
<input type="checkbox"/>	DCFS Intranet at http://intra/
<input type="checkbox"/>	DCFS Internet at http://www.dcfs.louisiana.gov
<input type="checkbox"/>	DCFS Policy Management System at https://stellent.dss.state.la.us/LADSS/outlineParts.do?agency=DSS&chapterID=114
<input type="checkbox"/>	DCFS Employee Resources at https://stellent.dss.state.la.us/LADSS/outlineParts.do?agency=DSS&chapterID=148
<input type="checkbox"/>	Louisiana State Retirement System (LASERS) at www.lasersonline.org
<input type="checkbox"/>	Office of Group Benefits (OGB) at https://www.groupbenefits.org/portal/page/portal30/SHARED/O/OGBWEB/EXPLORE_OGB
<input type="checkbox"/>	Louisiana Employees Online Portal (LEO) at https://leo.doa.louisiana.gov/irj/portal
<input type="checkbox"/>	Department of State Civil Service at http://www.civilservice.louisiana.gov/
<input type="checkbox"/>	Statewide Vendor/Product Listing of Miscellaneous Payroll Deductions at http://www.doa.louisiana.gov/OSUP/statewide_vendor_product_listing.htm
<input type="checkbox"/>	Deferred Compensation Plan at https://louisianadcpretire.gwrs.com/login.do
<input type="checkbox"/>	Comprehensive Public Training Program (CPTP) at http://www.civilservice.louisiana.gov/Divisions/Training/Default.aspx
<input type="checkbox"/>	Louisiana – For State Employees page at http://louisiana.gov/Government/For_State_Employees/

I certify that I have been informed of all items checked on Part 1 of this form.

Employee's Signature:

Date:

I certify that I have informed the above named employee of all items checked on Part 1 of this form.

Human Resources
Representative's Signature:

Date:

DISPOSITION

See sections on page 1 for form disposition information. HR Liaison or representative gives copy of this checklist to employee and scans/e-mails copy to SO Human Resources Section. Original checklist is maintained in local office personnel file.

For new employee located in State Office Iberville Building: HR representative gives copy of checklist to employee. Original of checklist and forms are maintained in the employee's official personnel file located in the SO HR Section.

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
NEW EMPLOYEE ORIENTATION CHECKLIST
PART 2: EMPLOYING OFFICE LOCATION – Page 1 of 3**

The purpose of this section is to provide an outline for supervisors to follow in welcoming and processing new employees. It is recognized that this information may be provided by multiple staff members.

Employee Name:		Hire Date:	
Job Title:		Type of Appointment:	
State Office Division/Section or Field Region/Area and Parish:			

Supervisory Orientation (check off as completed or write NA for those items that are not applicable):

<input type="checkbox"/>	IT CU 1 New User ID form (NOTE: Scan this form immediately to DCFS.IT-Security@La.Gov for set-up of basic computer access. Once the personnel # is established, then mail the original form to the IT Security Section so additional access can be set up on the employee.)
<input type="checkbox"/>	Issue Vehicle Parking information
<input type="checkbox"/>	Tour office and introduce to staff. Explain lines of authority. Show location of restrooms, water fountains, vending machines, bulletin boards, parking, etc.
<input type="checkbox"/>	Show and discuss emergency evacuation/procedures plan.
<input type="checkbox"/>	Show and discuss organizational chart for department/agency/division/office.
<input type="checkbox"/>	Discuss/hand out Mission Statement, Core Values and Legal Rights of Clients, if applicable.
<input type="checkbox"/>	Provide copy of current position description (SF-3) and discuss; Inform of career path.
<input type="checkbox"/>	Discuss Performance Evaluation System (PES) and performance adjustment eligibility. Develop and discuss individual development plan and incorporate into PES expectations. Complete PES Planning within 30 days of hire or position change. Make provisions for periodic review of progress.
<input type="checkbox"/>	Emphasize responsibility to maintain up-to-date via DCFS Intranet, Policy Manual, Department Memoranda, forms, etc.
<input type="checkbox"/>	Furnish or direct staff to furnish hard copies of necessary manuals and other materials and demonstrate how to access on computer.
<input type="checkbox"/>	Discuss agency and CPTP training.
<input type="checkbox"/>	Review DCFS Employee Handbook with particular emphasis on hours of work, lunch/break periods, pay periods, pay dates, holidays, leave accrual, leave usage, call-in procedures, overtime, confidentiality, public contact, conflict of interest, dual employment, ethics, conduct and discipline, prohibited political activities, travel, use of state equipment and property, etc.
<input type="checkbox"/>	Review and discuss Emergency Preparedness policy including exemption forms. Contact Emergency Preparedness Lead Area Manager (LAM) for new hire to get EP training and duty assignment.
<input type="checkbox"/>	Issue DCFS property and equipment items to employee including keys to office, cabinets, etc. and complete the DCFS Property, Equipment, and Outstanding Accounts Acknowledgement form. +
<input type="checkbox"/>	Demonstrate how to use the LEO self-service features. Explain on-line leave and attendance entries via LEO and time statements to negative time entry employees. Explain sign-in procedures and paper leave and overtime forms to positive time entry employees.

New Employee Orientation Checklist

Part 2 – Employing Office Location / Page 2 of 3

DCFS Policies Reviewed with Employee and, where noted, Forms Completed:		
<input type="checkbox"/>	Policy 1-2:	Emergency Preparedness (complete acknowledgement form) +
<input type="checkbox"/>	Policy 1-14:	Travel Regulations (complete travel forms, if applicable) *
<input type="checkbox"/>	Policy 1-15:	State Vehicles & Driver Program (complete Use of Personal and Other Non-State Vehicle form) +
<input type="checkbox"/>	Policy 1-19:	LaCarte Procurement Card (complete enrollment form, if applicable) *
<input type="checkbox"/>	Policy 1-21:	State Liability Travel Card and CBA Policy (complete enrollment form, if applicable) *
<input type="checkbox"/>	Policy 2-2:	Non-Discrimination in Service Provision
<input type="checkbox"/>	Policy 2-3:	Non-Discrimination in Employment
<input type="checkbox"/>	Policy 2-4:	Reasonable Accommodation
<input type="checkbox"/>	Policy 2-5:	Electronic & Information Technology Accessibility
<input type="checkbox"/>	Policy 2-6:	Sexual Harassment Policy
<input type="checkbox"/>	Complete Non-Discrimination Policies Acknowledgement form for Policies 2-2, 2-3, 2-4, 2-5 & 2-6	
<input type="checkbox"/>	Policy 3-1:	Bloodborne Pathogen
<input type="checkbox"/>	Policy 3-2:	Safety (to include Safety Rules)
<input type="checkbox"/>	Policy 3-3:	Smoking
<input type="checkbox"/>	Policy 3-4:	Violence in the Workplace
<input type="checkbox"/>	Policy 4-1:	Dress Code
<input type="checkbox"/>	Policy 4-2:	Time and Attendance
<input type="checkbox"/>	Policy 4-3:	Substance Abuse Testing
<input type="checkbox"/>	Policy 4-4:	Accrual and Use of Leave
<input type="checkbox"/>	Policy 4-8:	Drug Free Workplace Policy (complete Statement/Acknowledgment form) +
<input type="checkbox"/>	Policy 4-20:	Work Hours for DCFS Personnel (complete DCFS Work Schedule Request form) +
<input type="checkbox"/>	Policy 4-32:	Prohibited Materials in the Workplace
<input type="checkbox"/>	Policy 5-3:	Computer Security (complete agreement form) +
<input type="checkbox"/>	Policy 5-4:	Mobile-Cellular Telephone-PCS Device Requests (complete approval form, if applicable) *
<input type="checkbox"/>	Policy 5-7:	Netiquette
<input type="checkbox"/>	Policy 6-1:	Confidentiality of Client Records (complete CS 3-Staff Confidentiality & CS 4-Prohibited Activities acknowledgment forms) +
<input type="checkbox"/>	Policy 6-4:	Reporting Suspected Abuse, Neglect, or Exploitation of Children (complete acknowledgment form) +
<input type="checkbox"/>	Policy 6-6:	Employee's Requirement to Report Fraud or Abuse of SNAP Benefits (complete acknowledgment form) +

New Employee Orientation Checklist

Part 2 – Employing Office Location / Page 3 of 3

Required On-Line Training via LEO (must be completed within 90 days of hire):		Additional Child Welfare Program items:	
<input type="checkbox"/>	ORM Defensive Driving	<input type="checkbox"/>	Explain about the Critical Incident Stress Management (CISM) team
<input type="checkbox"/>	ORM Blood Borne Pathogens	<input type="checkbox"/>	Explain about the Peer Support team, where applicable
<input type="checkbox"/>	CPTP PES Basics	<input type="checkbox"/>	Discuss/hand out Continuous Quality Improvement (CQI) information
<input type="checkbox"/>	CPTP PES Planning Process	<input type="checkbox"/>	Discuss/hand out OCS Relationship with Other Community Resources information
<input type="checkbox"/>	CPTP PES Evaluation Process	<input type="checkbox"/>	Discuss/hand out Accreditation information
<input type="checkbox"/>	CPTP Preventing Sexual Harassment	<input type="checkbox"/>	Discuss/hand out "Who Do We Serve" information
<input type="checkbox"/>	LA Code of Governmental Ethics		

All pages of Part 2 of this form MUST BE completed within the new employee's first 30 days of employment (preferably during the first week).			
I certify that I have been informed of all items checked on Part 2 of this form. I understand that it is my responsibility to keep abreast of changes in all agency policies and procedures.			
Employee's Signature:		Date:	
I certify that I have informed the above-named employee of all items checked on Part 2 of this form.			
Supervisor's Signature:		Date:	

DISPOSITION
<p>Supervisor gives copy of checklist to employee and forwards original forms marked with an * to the appropriate DCFS entities. Supervisor scans/e-mails copy of checklist and forms to Regional HR Liaison or DDS Area HR Liaison. HR Liaison scans/e-mails copy of checklist to Regional or DDS Area Safety Officer and scans/e-mails copy of forms marked with a + to SO HR Section. HR Liaison maintains copy of checklist and forms in the local office personnel record.</p> <p>-----</p> <p><u>For new employee located in State Office Iberville Building:</u> Supervisor gives copy of checklist to employee and forwards original of forms marked with an * to the appropriate DCFS entities. Supervisor scans/e-mails copy of checklist to State Office Safety Officer and to SO HR Section along with forms marked with a + for maintaining in employee's official personnel file.</p>